



EPI UPDATES



Inside this issue:

<i>International Infection Preven-</i>	1-2
<i>Outdoor Mass Gatherings</i>	2
<i>Monthly Outbreak Summaries</i>	3
<i>DIGs FAQ</i>	3
<i>September Breakdown of Diseases Entered in KS-EDSS</i>	4-5
<i>State Quality Indicators</i>	6

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Governor Signs Proclamation Declaring October 16-22 as International Infection Prevention Week

Governor Sam Brownback signed a proclamation declaring Oct. 16-22 as International Infection Prevention Week. The Governor encourages all health care providers in Kansas healthcare facilities to renew their efforts to prevent healthcare-associated infections (HAIs) and to bring attention to the statewide plan to reduce the occurrence of HAIs.

Healthcare-associated infections are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.

"HAIs are major clinical and public health problems occurring in all healthcare settings," said Robert Moser, M.D., KDHE Secretary and State Health Officer.

"Fortunately, Kansas has a robust network of skilled specialists and a committed hospital association working tirelessly to protect patient safety. We honor them and their important work this week."

HAIs are a major cause of morbidity, mortality and excess cost in the United States according to the Centers for Disease

Control and Prevention. An estimated five to 10 percent of all hospital admissions are complicated by HAIs. Approximately 1.7 million infections and nearly 100,000 deaths are attributable to HAIs each year. The financial burden of these infections has been estimated at \$33 billion annually, a staggering figure at a time when our economy is suffering and demands on the healthcare system are increasing.

With assistance from a diverse multidisciplinary Advisory Group, comprised of stakeholders with expertise in infection prevention, KDHE has developed a statewide plan to quantify and reduce the occurrence of HAIs. The Healthcare-Associated Infections Program focuses on supporting HAI surveillance and reporting efforts and promotes adherence to nationally based guidelines and recommendations to reduce the occurrence of HAIs.

All Kansas hospitals have been asked to voluntarily use the National Healthcare

(Continued on page 2)

CALENDAR OF UPCOMING EVENTS:



TriSano Pilot User Group

When: Wednesday, October 26, 2011, 9-10:30 a.m.

Where: Prairie Conference Room, 3rd Floor, Curtis State Office Building, Topeka or join by webinar

Details: Contact Susan Dickman at 785-296-7732 or ksedssad-min@kdheks.gov for more information or register at <https://www1.gotomeeting.com/join/360438368/106870280>

KAC Conference/KALHD Annual Meeting

When: Nov. 13-15, 2011

Where: Topeka ExpoCentre

Details: A post-conference Applied Epidemiology training is planned for November 16th. To register for the conference go to <http://www.kansascounties.org/>

Have an upcoming event you would like included in the next issue?

Contact
vbarnes@kdheks.gov
with details.

(Continued from page 1)

Safety Network (NHSN) database and report data on two of the three priority prevention targets: central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections (CAUTI) and *Clostridium difficile* infections. Currently 54 facilities, representing more than 70 percent of staffed hospital beds in Kansas, are reporting data which will be reported in aggregate early next year.

“These types of data have never been comprehensively collected in Kansas,” said Joseph Scaletta, KDHE Healthcare-Associated Infections Program Director. “For KDHE, its partners, healthcare facilities and organizations around the state, and nationally, this is an extremely exciting opportunity to quantify the burden of HAIs and will allow us to begin to identify areas where improvements can be made.”

BEPHI Student Intern Researching Outdoor Mass Gatherings in Kansas **by Bryna Horton, Masters of Public Health- KSU**



The Bureau of Epidemiology and Public Health Informatics (BEPHI) is assessing the involvement of local health departments in the planning and enforcement of safety guidelines for outdoor mass gatherings. Infectious disease outbreaks can be associated with mass gatherings due to the amount of person-to-person contact, and the possible lack of environmental safety features. Such an incidence occurred in 2006 among participants of Biking Across Kansas, an annual event in which hundreds of bicyclists ride from one end of Kansas to the other in the span of one week, camping and exploring towns along the way. An outbreak of norovirus sickened 126 individuals. The spread of norovirus was attributed to a lack of restroom and hand-washing facilities along the biking route.

We would like to collect information at the county level to determine what, if any, type of involvement the local health departments have in the planning of these events in order to prevent an outbreak. A survey has been sent to each county health department in order to obtain information regarding outdoor mass gatherings in Kansas. Responses will be analyzed and published at the completion of our study. The purpose of this study is to analyze how outdoor mass gatherings in Kansas are planned, research historical outbreaks associated with mass gatherings in the United States, and to explore how local health departments, event organizers, and other stakeholders can include outbreak prevention as a prominent goal when planning such events.

If you have any questions involving our study, or would like to provide us with information that might assist us in our study, please call or e-mail Bryna Horton at (785) 296-3642 or BHor-ton@kdheks.gov. Bryna is a student at Kansas State University in the Masters program for Public Health with an emphasis in Infectious Disease and Zoonosis. She is currently working on her field experience project with KDHE under Daniel Neises. She plans to graduate with her Masters degree in May 2012.



Outbreak Summaries



The Kansas Department of Health & Environment – Bureau of Epidemiology & Public Health Informatics (KDHE) is working with the Oklahoma State Department of Health (OSDH) and the Missouri Department of Health and Senior Services (MDHSS) to investigate a cluster of *Salmonella agona* cases. As of October 7, 2011, there are a total of 17 cases with seven of those occurring in Kansas. Initial interviews with cases from all the states indicated that chicken, eggs or egg containing dishes, deli meats, salsa, guacamole, pico de gallo, tomatoes, lettuce, onions, and certain fresh herbs were eaten in a high percentage by the cases. Currently KDHE, MDHSS, and OSDH are conducting a case control study to try and determine if a particular food item may be contaminated. This is an on-going investigation.—J DeMent

The Montgomery County Health Department (MCHD) with assistance from the Kansas Department of Health & Environment – Bureau of Epidemiology & Public Health Informatics is investigating an outbreak of pertussis in the community. This is an on-going outbreak investigation. Currently, MCHD has identified all close contacts of the cases and has made recommendations on chemoprophylaxis and school exclusions. JD

For reports of recently conducted outbreak investigations, please visit our website at <http://www.kdheks.gov/epi/outbreaks.htm>

To report an outbreak call the Epi Hotline:
1-877-427-7317

Disease Investigation Guidelines FAQ's

Where can I find the disease investigation guidelines?

The guidelines are located at http://www.kdheks.gov/epi/disease_investigation_guidelines.htm.

The diseases are listed alphabetically and within each row are the fact sheet, investigation guideline, and reporting forms specific to that disease. Some guidelines have initial assessment forms as well.

What are the initial assessments for?

The initial assessments are one to two page worksheets that help an investigator collect information important to the rapid assessment and classification of a case. While these assessments do collect some of the information requested on the reporting forms, they do not collect all of the required information such as important demographics.

I am looking at a revised guideline; where are the sample letters and

reporting forms that used to be included?

It was determined that the sample letters were more useful as editable word documents. To keep the sample materials bundled with their specific investigation guideline, they were attached to the related PDF document. The reporting forms are attached in the same manner.

How do I access or view a document attached to a PDF?

With the investigation guideline open in Adobe®, access the "Attachments" panel at the bottom of the screen. Double click the document or select the document and choose "Open" from the options menu in the attachments panel.

My Attachments Panel is not available; where do I find it?

Choose the "View" menu, point to "Navigation Panels" and click to select "Attachments" (A checkmark appears

before the selection and the attachments panel opens at the bottom of the screen). If the Adobe® Navigation Panel is open at the left side of the screen, you can also click the "paper clip" icon to open or close the attachments panel.

When are disease investigation guidelines revised?

The guidelines are revised as regulations, case definitions, processes, or recommendations change. They are also revised when it is determined that they are not clear or could be more useful to the local investigator. Currently, draft versions of the Arboviral (Including WNV), Botulism, Hepatitis A, Hepatitis C, Lyme, Toxic Shock Syndrome, and Viral Hemorrhagic Fevers are available for local health department review. If you would like to review these draft guidelines or have further questions, please e-mail mvajnar@kdheks.gov.

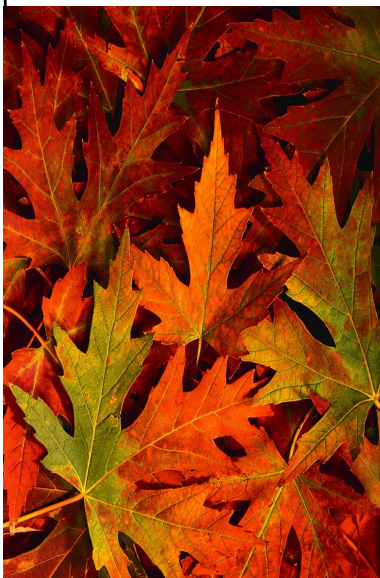
Breakdown of the 794 Cases* in KS-EDSS by Disease	Sept 2011	Average 08-10
Animal Bite; Potential Rabies Exposure	10	3
Brucellosis (<i>Brucella</i> spp.)	1	1
Calicivirus/Norwalk-like virus (norovirus)	2	2
Campylobacter Infection (<i>Campylobacter</i> spp.)	75	59
Coccidioidomycosis	1	0
Cryptosporidiosis (<i>Cryptosporidium parvum</i>)	100	18
Ehrlichiosis; <i>Anaplasma phagocytophilum</i>	2	1
Enterohemorrhagic <i>Escherichia coli</i> O157	4	4
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (not serogrouped)	1	4
Enterohemorrhagic <i>Escherichia coli</i> shiga toxin positive (serogroup non-O157)	8	1
Foodborne Illness	5	0
Giardiasis (<i>Giardia lamblia</i>)	23	24
<i>Haemophilus influenzae</i> ; invasive	1	1
Hepatitis A	46	27
Hepatitis B; acute	3	9
Hepatitis B; chronic	47	36
Hepatitis C virus infection; past or present	147	197
Hepatitis C; acute	1	0
Legionellosis	8	2
Listeriosis (<i>Listeria monocytogenes</i>)	6	1
Lyme Disease (<i>Borrelia burgdorferi</i>)	22	26
Malaria (<i>Plasmodium</i> spp.)	2	2
Measles (Rubeola)	1	0

Breakdown of the 794 Cases* in KS-EDSS by Disease	Sept 2011	Average 08-10
Meningitis; other bacterial	3	3
Meningococcal Disease (Neisseria meningitidis)	1	0
Mumps	10	4
Non-Reportable Condition	1	12
Pertussis (Bordetella pertussis)(Whooping cough)	22	41
Q Fever (Coxiella burnetti); Chronic	4	0
Rabies; Animal	8	7
Rubella (German measles)	3	0
Salmonellosis (Salmonella spp.)	77	60
Shigellosis (Shigella spp.)	5	13
Spotted Fever Rickettsiosis (RMSF)	30	26
Streptococcal Disease; Invasive; Group A (Streptococcus pyogenes)	2	2
Streptococcus pneumoniae; invasive	4	5
Transmissible Spongiform Enceph (TSE / CJD)	1	3
Tularemia (Francisella tularensis)	4	2
Vancomycin-resistant staphylococcus aureus (VRSA)	1	0
Varicella (Chickenpox)	78	66
West Nile; encephalitis/meningitis	3	2
West Nile; non-neurological (includes WN Fever)	20	16
Yersiniosis	1	0

**Cases reported include cases with the case classifications of Confirmed, Probable, Suspect, and Not a Case*

*** Increase in Hepatitis A, Total laboratory reports submitted to KDHE, not an increase in actual cases of Hepatitis A*

Please visit us at:
www.kdheks.gov/epi



KDHE Mission:

*To Protect the Health and
Environment of all Kansans by
Promoting Responsible Choices*

Our Vision

*Healthy Kansans living in safe
and sustainable environments.*

KS-EDSS DATA QUALITY INDICATORS

KDHE BEPHI emailed local health department users and administrators their county level quality indicator data this month. The Bioterrorism Regional Coordinators also received a copy of the regional breakdown of the quality indicators. At this time the report included the county's preliminary data for the previous month. We hope to improve this process by adding a second report that will compare preliminary month data with final data. For example, for August local health departments would receive one report that includes preliminary numbers for July data and a second report with June preliminary completion data side-by-side with June final data (We will pull a June report August 1st with the assumption that all June cases should have the basic quality indicator fields completed at this point.) Please email vbarnes@kdheks.gov if you received an incorrect report, have questions, or believe you should have received a report but did not.

Fields in **bold blue** have improved since the previous month. Frequency of completion has declined in *italic brown* fields. All other fields in have not changed since the previous month. - Virginia Barnes

*Calculations do not include Hepatitis B, chronic or Hepatitis C, chronic (denominator: 600 cases).

** Out-of-state cases not included in this calculation.

Animal rabies not included in this calculation (den: 786 cases).

† Unknown considered incomplete.

†† Only diseases with supplemental forms included in this calculation

SEPTEMBER 2011		State's Total Case = 794
KS-EDSS Indicator	Field Completed:	Percent Complete:
<i>Address Street</i>	685	86% **, #
<i>Address City</i>	775	98% **
<i>Address County</i>	789	100% **
Address Zip	767	100% **
Date of Birth	787	100% #
Died	474	60% †
Ethnicity	525	66%, #, †
Hospitalized	463	58%, #, †
<i>Imported</i>	260	33%
<i>Onset Date</i>	316	43% *, #
Race	558	70%, #, †
<i>Sex</i>	795	100%, #, †
Supplemental Form Complete	359	58% ††
Supplemental Form Partial	254	41% ††